ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT

*** SAMPLES TO BE TAKEN IN DISTRIBUTION SYSTEM ONLY ***

>>>> PUBLIC WATER SYSTEM INFORMATION <>>>

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <>>>>

System ID [//] [:] (24 hr clock) Sample date Sample time				System Name Owner/Contact Person Name		
SAMPLE TYPE Compliance Monitoring SAMPLE COLLECTION POINT/ID Zone SAMPLING SITE ID				USE IF INITIAL SAMPLE WAS POSITIVE [] Original Violating Specimen Number G Repeat, Original Location G Repeat, Other Location G Repeat, Downstream Location G Repeat, Upstream Location G 400 ml Repeat (Single Tap Only) G 300 ml Repeat (Single Tap Only)		
				OLOGICAL ANALY l out by laboratory pe		
Analysis Method	MCL Value	Contaminant Name	Cont Code	Test Start Date/Time	Analysis Run Date/Time	Result
	Present/ 1 or more Coliform	Total Coliform	3000			
	Ol	NLY REPORT FECA	AL RESUL	T IF TOTAL COLIFO	ORM RESULT IS POSITIVE	
Analysis Method	MCL Value	Contaminant Name	Cont Code	Test Start Date/Time	Analysis Run Date/Time	Result
	Present/ 1 or more Coliform	E. Coli or Fecal Coliform	3013			
[]	N NUMBER	7	o be filled	ATORY INFORMAT I out by laboratory pe		
Comments Authorized Date Publi	: [l Signature:[c Water Syste	m Notified:[orted in milligrams p]]]		

INSTRUCTIONS FOR USING THE ARIZONA DRINKING WATER MICROBIOLOGICAL REPORTING FORM

Revised December 8, 1999

SYSTEM ID: This is a unique 5 digit Public Water System Identification (PWSID) number assigned to each public water system by ADEQ.

SYSTEM NAME: This should be the legal name which the water system has registered with the Arizona Corporation Commission (ACC). If the system is a municipality or other non ACC regulated entity, this should reflect the legal structure, such as XYZ Water Improvement District. (Always notify the Department in writing of any name or ownership change.)

SAMPLE DATE: The date the specimen was collected in mm/dd/yy format.

SAMPLE TIME: The time the specimen was collected in hh:mm format (24 hr clock time).

OWNER/CONTACT PERSON NAME: The first and last name of the owner or owner's representative, (contact person) who should be contacted with sample results.

<u>OWNER/CONTACT PHONE #:</u> The daytime phone number of the owner or owner's representative, (contact person) who should be contacted with sample results.

SAMPLE TYPE: The compliance reason for specimen collection. Mark only one type per analysis form

SAMPLE COLLECTION POINT/ID: The location within the water system where the sample was taken and its assigned identifying number. **Zone** - Use this location for microbiological samples.

SAMPLING SITE ID: This is for your convenience so that you may put in an address or other location. This does not need to be completed.

SPECIMEN NUMBER: A <u>unique</u> 15 character (max) alphanumeric code that identifies a particular sample used to test <u>one contaminant or one category</u> of contaminants. If the sample analysis result is positive, then you are required to take repeat samples. This number will be used as the "Original Violating Specimen #" described below.

<u>USE IF INITIAL SAMPLE WAS POSITIVE: ORIGINAL VIOLATING SPECIMEN NUMBER:</u> This is the <u>unique</u> 15 character (maximum length) alphanumeric code that identified the original specific sample that initiated the repeat sampling requirement [See SPECIMEN # above]. If a microbiological sample is positive, use the specimen id number associated with that microbiological positive. Use a separate microbiological form for each repeat sample. Mark the repeat sample location (upstream, downstream, etc.) carefully.

PLEASE MAIL COMPLETED FORM TO:

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY WATER QUALITY COMPLIANCE DATA UNIT (MO - 501B) 3033 NORTH CENTRAL AVE. ~ PHOENIX, ARIZONA 85012

NOTE: These definitions are general in nature. For specific questions regarding your laboratory submittal, please contact the Arizona Department of Environmental Quality (ADEQ) Water Quality Compliance Section at 1-800-234-5677, ext. 4681, or (602) 207-4681.

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